

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

41200

1. PLACE OF DEATH

County JacksonRegistration District No. 399Township 1stPrimary Registration District No. 2613City Keokuk(No. 2613)

Bellevue

File No. 5189Registered No. 5189St. 3

Ward)

2. FULL NAME

(a) Residence, No. 2613 Bellevue St., 3 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 24. COLOR OR RACE wh5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-25-1848

7. AGE

YEARS 83MONTHS 9DAYS 6

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

FATHER

13. NAME Lichtenauer14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT

(ADDRESS) Mrs. Jos. Pichl

18. BURIAL, CREMATION, OR REMOVAL

PLACE IntestineDATE Jan 2 32

19. UNDERTAKER

(ADDRESS) J. H. Newman20. FILED 1/31

1931

M. M. Grove

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 31, 193122. I HEREBY CERTIFY, That I attended deceased from 5 12, 1931, to 12 31, 1931I last saw him alive on 12 31, 1931. Death is saidto have occurred on the date stated above, at 1145 am.

The principal cause of death and related causes of importance were as follows:

Cancer of stomach46 B
H 6 B

Other contributory causes of importance:

Date of onset

Name of operation Blind Date of noWhat test confirmed diagnosis? Blind Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury no, 1931Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury noNature of injury no24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) J. W. Ramey

M. D.

(Address) 410 ArgyleK. B. M.

